U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	٦
For Official Use Only	
Rec'a Co	
_ (AUG 16 AID)	l
E \ _ Ba /	ł
- Can	لـ
CO DROP	

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 27/3 2. Fiscal Year Covered From: 1	
3. Name and address of person filing. Name Michael Kinsora 4. Name, file number, and address of labor organization. Name UFCW Local 1262 Labor Organization File Number 051-552 P.O. Box, Bildg., Room No., if any Street 1389 Broad Street City Clifton State New Jersey. ZIP Code +4 07013 State New Jersey. ZIP Code +4 07013 State New Jersey. ZIP Code +4 07013 A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bildg., Room No., if any Signature Signature and varification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information represents has been examined by the signatory and is, to the best careful to the second (factoring the information represents) has been examined by the signatory and is, to the best careful factors. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information represents are recommended to the information represents.	
Name Michael Kinsora Name UPCW Local 1262 Labor Organization File Number 051-552 P.O. Box, Bildg., Room No., if any Street 1389 Broad Street City Clifton State New Jersey ZIP Code + 4 07013 State New Jersey ZIP Code + 4 07013 State New Jersey ZIP Code + 4 07013 State New Jersey ZIP Code + 4 07015 Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bildg., Room No., if any Trade Name, if any: Signature Signature 15. Signature and varification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the informatic second in the record finciluding the information contained in any accompanying documents), has been examined by the signatory and is, to the best contained in any accompanying documents), has been examined by the signatory and is, to the best contained in any accompanying documents), has been examined by the signatory and is, to the best contained in any accompanying documents), has been examined by the signatory and is, to the best contained in any accompanying documents), has been examined by the signatory and is, to the best contained in any accompanying documents), has been examined by the signatory and is, to the best contained in any accompanying documents), has been examined by the signatory and is, to the best contained in any accompanying documents), has been examined by the signatory and is, to the best contained in any accompanying documents.	004
Labor Organization File Number 051-552 P.O. Box, Bildg., Room No., if any Street 1389 Broad Street City Clifton State New Jersey ZIP Code +4 07013 State New Jersey ZIP Code +4 07015 5. Position in labor organization. Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bildg., Room No., if any Tip. Amount. Signature Signature 15. Signature and verification. The undersigned declares, under any accommendancy and other applicable penalties of the law, that all of the informabile constraints in the second coulding be information contained in any accommendation has been examined by the signatory and is, to the best of the law that is of the law, that all of the informatics are second and the page of the law, that all of the informatics are second and the page of the law, that all of the informatics are second and the page of the law, that all of the informatics are second as the second foolution the information contained in any accommendation provinged declares, under the page of the law, that all of the best of the second foolution the information contained in any accommendation of the page of the law, that all of the information contained in any accommendation of the page of the law, that all of the information contained in the second contained in any accommendation of the page of the law that all of the information contained in any accommendation of the page of the law that all of the information contained in any accommendation of the page of th	
P.O. Box, Bildg., Room No., if any Street 1389 Broad Street City Clifton State New Jersey ZIP Code + 4 07013 State New Jersey ZIP Code + 4 07013 Footion in labor organization. Vice President Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. B. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bildg., Room No., if any Street Signature Signature 15. Signature and verification. The undersigned declares, under the past your opening to premative to this report (including he information on nationed in any accommensarying documents), has been examined by the signatory and is, to the best of the law, that all of the left of the second forcity in the information on nationed in any accommensarying documents), has been examined by the signatory and is, to the best of the law, that all of the information on the past of the law, that all of the information of the past of the law, that all of the information of the past of the law, that all of the information of the past of the law, that all of the left of the past of the law of the signatory and is, to the best of the law of the signatory and is, to the best of the law of the signatory and is, to the best of the law of the signatory and is, to the best of the law of the signatory and is, to the best of the law of the signatory and is, to the best of the law of the signatory and is, to the best of the law of the signatory and is, to the best of the law of the signatory and is, to the best of the law of the signatory and is, to the best of the signatory and is, to the best of the signatory and is the signatory and i	
Street 1389 Broad Street City Clifton State New Jersey ZIP Code+4 07013 State New Jersey ZIP Code+4 07015 5. Position in labor organization. Vice President Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any P.O. Box, Bidg., Room No., if any Sireet City State ZIP Code+4 Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information expensived in this record (including the information contained in any accommanying documents), has been examined by the signatory and is, to the best of the law in the second (including the information contained in any accommands).	
City Clifton State New Jersey ZIP Code + 4 07013 State New Jersey ZIP Code + 4 07015 5. Position in labor organization. Uice President Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. Street Signature 15. Signature and verification. The undersigned declares, under penalty of Perlury and other applicable penalties of the law, that all of the informatic representing the past fixed in this report (including the information opportance in any accompanying documents), has been examined by the signatory and is, to the best of the law.	
State New Jersey ZIP Code +4 07013 State New Jersey ZIP Code +4 07013 State New Jersey ZIP Code +4 07	
5. Position in labor organization. Vice President	
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). 7. a. Nature of Interest, Transaction, or Income. 7. b. Amount. Street City State ZIP Code + 4 Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the informatic extensited in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the law and the signatory and is, to the law and the signatory and is a signatory and the signatory and the signatory and is and the signatory and the signatory and the sin	3
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). 7. a. Nature of Interest, Transaction, or Income. 7. b. Amount. Street City Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the law and the signatory and is, to the best of the law and the signatory and is, to the best of the law and the signatory and is, to the best of the law and the signatory and is, to the best of the law and the signatory and is, to the best of the law and the signatory and is, to the best of the law and the signatory and is, to the best of the law and the signatory and is, to the best of the law and the signatory and is, to the best of the law and the signatory and is, to the best of the law and the signatory and is, to the best of the law and the signatory and is, to the best of the law and the signatory and is, to the best of the law and the signatory and is, to the best of the law and the signatory and is, to the best of the law and the signatory and is, to the best of the law and the signatory and is, to the best of the law and the signatory and is, to the best of the law and the signatory and is, to the signatory and is the signatory and is the signatory and is the signatory and is the signatory and signa	
Trade Name, if any: P.O. Box, Bldg., Room No., if any 7.b. Amount. Street City State ZIP Code + 4 Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information contained in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the law, that all of the information contained in any accompanying documents).	
P.O. Box, Bldg., Room No., if any 7.b. Amount. Street City State ZIP Code + 4 Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the law.	
7.b. Amount. City State ZIP Code + 4 Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information cute the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the law information contained in any accompanying documents). The undersigned declares are companying documents and the signatory and is, to the best of the law information contained in any accompanying documents.	
State ZIP Code + 4 Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information contained in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the law of the	er eine er en
State ZIP Code + 4 Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the informatic cultivated in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the law information contained in any accompanying documents.	
Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the informatic submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information cultimited in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of	
culmitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of	
	n f the
Signed Muchael Sensea On 8/3/05 973 777 3700	

Name of Person Filing Michael Kinsora	F	ile Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	rise dealing with the business ely seeking to represent, or rectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name SEIX Investment Advisors Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 10 Mountainview Road; Suite C-200 City Upper Saddle River State New Jersey ZIP Code +4 07458	9. Business deals with: a. Labor Organization b. Trust c. Employer	n
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	
Name UFCW Local 1262 Employer Benefits Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any	Investment Advisors	
Street 1389 Broad Street	11.b. Approximate dollar value of	of such dealing. \$26,000
and the second		Construction of the product of the party of
City Clifton State New Jersey ZIP Code + 4 07013	12.a. Nature of interest held of Mea1: 4-16-04	
Conference and individual and approximate in the conference and the co	The second secon	
Conference and individual and approximate in the conference and the co	Meal: 4-16-04 12.b. Amount. 12.b. Amount. 13.b. Amount. 14.a. Nature of payment. 14.a. Nature of payment. 15.b. Amount. 16.b. Amount. 17.b. Attended an Education and Education	onal Conference during April assist in fulfilling my ility as a Trustee by being developments relating to Expenses included airfare,

Name of Person Filing	Michael	Kincora
Maille of Legoni Limbs	Michael	Kinsora

File	NH	ımbei	r I I

C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any
13.a. Name and address of Employer or Labor Relations Consultant (including	14.a. Nature of payment.
trade name, if any). Name UFCW Local 1262 Employer Benefit Funds	Business Meals at Trustee and Other Business Related Meetings
Trade Name, if any:	See Attached Spreadsheet
P.O. Box, Bldg., Room No., if any	
Street 1389 Broad Street	
City Clifton	
State New Jersey ZIP Code + 4 07013	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment. \$373
C. Received from any employer (other than an employer covered under parts A a payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any
13.a. Name and address of Employer or Labor Relations Consultant (including	14.a. Nature of payment.
trade name, if any). Name UFCW Local 1262 Employer Benefit Funds	Meetings Parking expenses See attached Spreadsheet
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 1389 Broad Street	
City Clifton	
State New Jersey ZIP Code + 4 07013	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment. \$278
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment. Meal
Name UFCW Local 1262 Employer Benefit Funds	6-9-04
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 1389 Broad Street	
City Clifton	
State New Jersey ZIP Code + 4 07013	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment. \$14

	File Number U-
Name of Person Filing Michael Kinsora	
7.1201.002	 L

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Davis, Cowell & Bowe, LLP	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street 1701 K Street N.W. Suite 210		
Clty Washington		
State District of Columbia ZIP Code + 4 20006	At a Network dealing	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing. Davis, Cowell & Bowe are Legal Cou	nsel for HPCW
Name	Local 1262	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$84,000
	12.a. Nature of interest held or income received.	
	Meal 4-6-04	
	12.b. Amount.	\$46

	1
Name of Person Filing Michael Kinsora	File Number U-
	 <u> </u>

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Evergreen Investments	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street 200 Barkeley Street City Boston	Proceeds of	
State Massachusetts ZIP Code + 4 02116		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name UFCW Local 1262 Employers Benefit Fund	Client Golf Outing	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 1389 Broad Street		
City Clifton	Table to the consequence of the	
State New Jersey ZIP Code + 4 07013	11.b. Approximate dollar value of such dealing.	\$0
	12.a. Nature of interest held or income received.	in a minimization and management of the same and the same
	Golf Outing 9-27-04	
	12.b. Amount.	\$95

		File Number U-
Name of Person Filing Michael	Vincora	1 110 110 110
Manie or Leison imia MICHAET	KINSULA	

	9. Business deals with:	
8. Name and address of Business (including trade name, if any).	S. Bookieso douis with	
Name Mackay Shields, LLC	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any	1,033	
Street 9 West 57 Street 33rd Floor	С. Employer	
City New York		
State New York ZIP Code + 4 10019		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name UFCW Local 1262 Employer Benefits Fund	Hedge Fund Investment Seminar	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 1389 Broad Street		
City Clifton		
State New Jersey ZIP Code + 4 07013	11.b. Approximate dollar value of such dealing.	the state of the s
	12.a. Nature of interest held or income received.	And the second s
	Meal 9-9-04	
		Specimen to the state of the st
	12.b. Amount.	\$50

1			
	Name of Person Filing Michael Kinsora	File Number U-	

8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Capital Solutions	a. Labor Organization		
Trade Name, if any:	-		
P.O. Box, Bldg., Room No., if any	b. Trust		
Street 45 San Clemente Drive, Suite B210	c. Employer		
City Corte Madera			
State California ZIP Code + 4 94925			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name UFCW Local 1262 Employer Benefits Fund	Hedge Fund Seminar		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street 1389 Broad Street			
City Clifton			
State New Jersey ZIP Code + 4 07013	11.b. Approximate dollar value of such dealing.	\$0	
1	12.a. Nature of interest held or income received.		
	Meal 7-20-04		
	12.b. Amount.	\$100	

Michael Kinsora - Attachmnet for LM-30 Part "C" 14.a. Meals

Business Meals at Trustee and	
Other Business Related Meetings	
9/30/2004	8.83
2/11/2004	25.85
8/5/2004	27.70
11/16/2004	35.39
10/8/2004	37.20
1/5/2004	39.86
2/12/2004	41.91
4/19/2004	41.91
3/15/2004	47.78
5/19/2004	66.35
Total	372.78

Michael Kinsora - Attachment for LM-30 Part "C" 14.a. Tolls and Parking Expense

AMERICAN EXPRESS - Tolls and Parking Expense					
3/18/2004	20.00				
4/5/2004	40.00				
6/22/2004	38.00				
7/13/2004	42.00				
7/15/2004	42.00				
7/20/2004	28.00				
7/20/2004	31.00				
11/29/2004	37.00				
Total	278.00				

8/1/2005 1